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ABSTRACT

The Minnesota Student Survey, including questions on Acquired Immune Deficiency Syndrome (AIDS) virus transmission and sexual activity, was completed by approximately 88,000 6th-, 9th-, and 12th-graders during the 1988-89 school year. Sexual activity questions were not asked of sixth graders. Over 90% of high school students knew about sharing needles and sexual intercourse as means of AIDS transmission. Among sixth graders, 87% knew about needle sharing and 79% knew about sexual intercourse as means of transmission. While students were knowledgeable about ways that the AIDS virus could not be transmitted, some still held erroneous beliefs that AIDS could be transmitted through blood tests, vaccinations or insulin injections, mosquito bites, and kissing. Although few students believed the AIDS virus could be transmitted through casual contact, only a minority said they would sit next to a student with AIDS in the school lunchroom. Most students reported obtaining information about AIDS from television or radio, school, newspapers, books, or magazines. Two out of five sexually active high school seniors said they never or rarely used a condom. One-half of the students reported not changing behaviors because of AIDS, primarily because they believed they were not at risk; 13% reported not changing their behavior even though they knew their behavior put them at risk. Twenty-five percent of 9th graders and 10% of 12th graders reported deciding to postpone sexual activity due to the risk of AIDS. (NB)

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ED 363 836

Minnesota STUDENT SURVEY 1989

AIDS/HIV-RELATED KNOWLEDGE, ATTITUDES, AND RISK BEHAVIOR

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Minnesota Student
Survey Report
1989

AIDS/HIV-RELATED KNOWLEDGE, ATTITUDES, AND RISK BEHAVIOR

Minnesota Department of Education

Learner Support Systems
550 Cedar St.
St. Paul, MN 55101

August, 1989

INTRODUCTION

The Minnesota Student Survey was completed by more than 88,000 students in grades 6, 9, and 12 during the second half of the 1988-89 school year. Students surveyed represent 390 of the state's 433 school districts.

The survey included questions to assess students' knowledge regarding means of the AIDS virus transmission as well as to gather information on the prevalence of risk behaviors. Questions about sexual activity were not asked of 6th graders.

The final two pages of the survey included questions for older students as well as the AIDS knowledge questions. Some school districts removed these pages from the survey booklet rather than instructing students to skip these questions. As a result, the AIDS knowledge questions, intended for students in all grades were not answered by all students; 75% of 6th graders answered the AIDS questions; 89% of 9th graders answered the AIDS questions and 88% answered the sexual activity questions; 92% of 12th graders answered the AIDS question and 91% answered the sexual activity questions.

NOTE: Throughout this document AIDS or the AIDS virus refers to HIV (Human Immunodeficiency Virus) infection at any stage on the spectrum from asymptomatic to end-stage disease AIDS.

KNOWLEDGE ABOUT AIDS VIRUS TRANSMISSION

A very high proportion of 9th and 12th grade students know that the AIDS virus (HIV-Human Immunodeficiency Virus) can be transmitted through sharing needles used to inject illegal drugs and through sexual intercourse without the protection of a condom. The 12th graders are only slightly more likely than the 9th graders to respond correctly to these two questions (95% versus 94% with respect to sharing needles and 93% to 91% with respect to sexual intercourse). Fewer 6th graders, however, correctly identified these routes of the AIDS virus transmission, although the vast majority do know the danger: 87% correctly answered the question about IV drug use and 79% the question about sexual intercourse (see Table 1).

ERRONEOUS BELIEFS ABOUT AIDS VIRUS TRANSMISSION

Virtually all of the students (about 99%), regardless of age, know that the AIDS virus cannot be contracted through handshakes or attending school with someone who has AIDS. Very high percentages in each grade surveyed also know there is no risk associated with using public toilets (95% to 97%), or eating foods or beverages prepared by a person infected with the AIDS virus (92% to 96%). There is more confusion in other areas, however.

TABLE 1

KNOWLEDGE OF AIDS VIRUS TRANSMISSION

	6th Grade (n=23238) %	9th Grade (n=27098) %	12th Grade (n=25130) %
CORRECTLY BELIEVES AIDS VIRUS CAN BE TRANSMITTED BY:			
Sharing needles used to inject drugs[a]	87	94	95
Having sexual intercourse without a condom[a]	79	91	93
CORRECTLY BELIEVES AIDS VIRUS CANNOT BE TRANSMITTED BY:			
Shaking hands	99 +	99 +	99 +
Kissing on the mouth[a]	81	90	90
A mosquito bite	85	88	90
Using public toilets	95	96	97
Having a blood test	84	79	83
Going to school with someone who has AIDS/HIV[a]	97	99	99
Injections of vaccinations, insulin and other prescription drugs	77	76	81
Eating foods or beverages prepared by a person infected with AIDS/HIV[a]	92	95	96
DOES NOT KNOW HOW A PERSON GETS AIDS/HIV	9	4	2

[a] Girls are significantly more likely than boys to correctly respond to these items.

Almost one student out of five (19%) believe the AIDS virus can be transmitted through blood tests and even more (22%) believe risk is associated with injections of vaccinations, insulin, or other prescription drugs. Most likely, the strong association in education campaigns between needle use and AIDS leads to some uncertainty about the risk of injections overall.

Another area of erroneous information is the association of the AIDS virus transmission with mosquito bites. More than one student in ten believes the AIDS virus can be transmitted in this manner (15% of 6th graders, 12% of 9th graders and 10% of 12th graders). Kissing on the mouth is also believed to pose some risk; 19% of the 6th graders think the AIDS virus can be transmitted through kissing, compared with 10% of the older students (see Table 1).

GENDER DIFFERENCES IN BELIEFS ABOUT AIDS/HIV

Overall, girls are more likely to correctly identify the AIDS virus transmission routes than boys, but the differences are small. With respect to myths about AIDS virus transmission, there is little difference between boys and girls in the proportions believing the AIDS virus can be transmitted by public toilets, blood tests, or shots. Boys are slightly more likely than girls to incorrectly believe there is risk associated with mosquitos, kissing, and with eating foods prepared by a person infected with the AIDS virus. Although only about 1% of the students believe the AIDS virus can be transmitted through handshakes or casual contact at school, over two-thirds of these students are male.

TRANSLATING AIDS/HIV RISK KNOWLEDGE INTO BEHAVIOR TOWARD PERSONS WITH AIDS/HIV

Although few students believe the AIDS virus is transmitted through casual contact, only a minority say they would sit next to a student with AIDS in the school lunchroom (see Table 2). In this respect, there is a striking gender difference. With girls, the fear of exposure to the AIDS virus through casual association or negative attitudes toward the person with AIDS/HIV seem to decrease with age: whereas, only 40% of the 6th grade girls would sit next to a student with AIDS/HIV, 56% of the 9th grade girls and 61% of the 12th grade girls would do so. In fact, only 6% of 9th and 12th grade girls say they would not, with roughly one-third saying they are unsure.

TABLE 2

STUDENTS' WILLINGNESS TO SIT NEXT TO A PERSON WITH AIDS/HIV IN SCHOOL

		(n)	Yes %	Unsure %	No %
Females	6th grade	(11498)	40	47	13
	9th grade	(13619)	56	38	6
	12th grade	(12462)	61	33	6
Males	6th grade	(11352)	34	43	23
	9th grade	(13173)	34	43	23
	12th grade	(12493)	39	38	23

The responses of boys to this question are quite different from those of girls, particularly because they vary so little across grades. Only about one-third of the boys at each grade level say they would sit next to a student with AIDS/HIV, with 23% in each grade saying they would not. Roughly 40% in each grade are unsure.

Since few students (about 1%) say that they believe someone can get the AIDS virus by going to school with someone with AIDS, the reluctance to closely associate with someone who has AIDS suggests something other than fear of exposure. Obviously, there are pervasive negative attitudes about the person with AIDS. With girls, however, these mitigate with age and, presumably, education. With boys, age and education level have no apparent impact on their stated willingness to associate with a student with AIDS. The explanation for this gender difference is most likely the link between AIDS/HIV infection and male homosexuality. Many males may be expressing a fear of homosexuality rather than the fear of contagion.

SOURCES OF INFORMATION ABOUT AIDS/HIV AND SEX

Most students say they have received information about AIDS/HIV from television or radio, school, or newspapers, books, or magazines. Only one-third say they have received information from their parents. Students in 6th grade are twice as likely as those in 12th grade (44% versus 22%) to say they have received AIDS/HIV information from parents. More older students cite school, broadcast media, and reading materials (see Table 3).

The most commonly cited source for information about sex is friends, followed by media, parents, teachers, and books. More older students cite friends and media whereas more younger students cite parents.

TABLE 3

SOURCES OF INFORMATION

	6th Grade (n=31037) %	9th Grade (n=30543) %	12th Grade (n=27253) %
ABOUT SEX			
Friends	50	77	80
Parents	43	35	31
Brothers/sisters	15	28	17
Teachers	32	27	23
Books	25	30	33
Doctors/nurses/ counselors	11	8	11
TV/magazines/ newspapers	34	51	51
Others	18	23	22
Does not know much about sex	7	2	2
ABOUT AIDS/HIV			
Friends or brothers/sisters	16	15	12
School	60	71	76
TV/radio	73	80	84
Parents	44	33	22
Newspapers/ books/ magazines	48	65	75
Others	18	18	14

AIDS/HIV RISK BEHAVIORS

Sexual behavior poses a greater risk of contracting the AIDS virus in terms of numbers of students involved than does IV drug use (see Table 4). Only 1% acknowledge a history of IV drug use; virtually all the students who have injected drugs have shared needles. Most have stopped this dangerous practice.

The majority of high school seniors (61%) say they have had sexual intercourse, compared with 29% of the 9th graders (6th graders were not asked about sexual activity).

Fewer than one-fourth of the sexually active students have talked with a partner about the risk of AIDS/HIV before having sex: only 18% of 9th graders and 24% of 12th graders. Although there is little gender difference among 9th graders (20% of girls versus 17% of boys) the difference is marked among high school seniors, where 31% of girls compared with 18% of boys have discussed the risk of AIDS/HIV with a sexual partner.

Faithful use of a condom is reported by only one-third of the sexually active students, and boys and girls do not differ greatly in this regard. Somewhat surprisingly, 9th graders are more likely than 12th graders to always use a condom (44% versus 29%).

Two out of five sexually active high school seniors say they never or rarely use a condom (compared with 32% of 9th graders). Clearly, unprotected sexual activity is a high risk factor for transmission of the AIDS virus and other sexually transmitted diseases among these young people.

TABLE 4

AIDS/HIV PRECAUTIONS/RISKS AMONG SEXUALLY ACTIVE STUDENTS

		9th Grade (n=9777*) %	12th Grade (n-15858*) %
IF SEXUALLY ACTIVE, HAS TALKED WITH PARTNER ABOUT AIDS/HIV BEFORE HAVING SEX		18	24**
IF SEXUALLY ACTIVE, USES A CONDOM			
	Never	21	24
	Rarely	11	15
	Sometimes	9	13
	Usually	15	19
	Always	44	29
IF SEXUALLY ACTIVE, DRINKS ALCOHOL BEFORE SEX			
	Always	6	2
	Usually	9	8
	Sometimes	21	33
	Rarely	19	28
	Never	45	29

* Sexually active students represent 29% of 9th graders, 61% of the 12th graders.

** Girls are much more likely to say yes (31% versus 18%).

Drinking alcohol before engaging in sex also poses a problem. Fully two-thirds of the sexually active students acknowledge drinking, at least on occasion, before having sex. To the extent that drinking lowers inhibitions and impairs judgment, drinking can contribute to increased risk associated with sexual behavior. Differences between boys and girls in this regard are small.

BEHAVIOR CHANGES RELATED TO AIDS/HIV RISK

Half of the students say they have not changed behavior because of AIDS/HIV because they believe they are not at risk; 13% say they have not changed behavior even though they know their behavior puts them at risk (see Table 5). One out of four 9th graders and 10% of high school seniors report deciding to postpone sexual activity due to the risk of AIDS/HIV.

TABLE 5

BEHAVIOR CHANGES RELATED TO AIDS/HIV

	9th Grade (n=27023) %	12th Grade (n=24904) %
Has not changed, not at risk	50	53
Has not changed, though behavior puts at risk	13	14
Decided not to try sex until older	25	10
Stopped sex until older*	4	3
Decreased number of sexual partners*	6	13
Decided not to try injecting drugs	20	14
Stopped injecting drugs	1	1
Stopped sharing needles	1	1

* Of the 9th graders, 29% have been sexually active; of the 12th graders, 61%.

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